2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 10, 2006 8:00 am Secretary of State 05-03-2006 90025 028 ****50.00

1. Entity Nam	MEN # LUDUUUU29 * NVESTMENT GROUP, LL(
Principal Place of Business 17861 NW 14TH STREET PEMBROKE PINES, FL 33029		Mailing Address 17861 NW 14TH STREET PEMBROKE PINES, FL 33029			·			
2. Principal P	lace of Business	3. Malling Address		<u> </u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02282006	Chg-LLC	CR2E083 (11/0)5)	
City & State		City & State			4. FEI Numb	mber Applied For Not Applied F		
Zip Country		Zip Country		ry		e of Status Desired	\$5.00 Fee Req	Additional
	6. Name and Address of Current	Registered Agent		Name	7. Name an	d Address of New I	Registered Agent	
COBY, HENRIO 17861 NW 14TH STREET PEMBROKE PINES. FL 33029				Street Address (P.O. Box Number is Not Acceptable)				
PEMBROR	E PINES, FC 33029							
•		City			FL Zip Code			
	named entity submits this statement fo ons of registered agent. Sgrewe, typed a printed name of registered agent			Agent algressive require		out, in the State of Fi	DATE	in, and accept
FI Di	ling Fee is \$50.00 se by May 1, 2008						re check payable t a Department of Si	
9.	MANAGING MEMBE		10.			ADDITIONS		
HAME STREET ADDRESS CITY-ST-ZIP	MGRM COBY, HENRIO 17861 NW 14TH STREET PEMBROXE PINES, FL 33029	C Celete	TITLE NAME STREE GITY-S	T ADDRESS			☐ Chang	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-	T ADORESS			☐ Chang	pe Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Chang	e 🗋 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Chang	e 🗍 Addition
TITLE NAME STREET ADDRESS CITY-SI-ZP		☐ Oeliste	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			Chang	e 🗀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			Chang	2 Addition
11. I hereby of indicated limited lia	entify that the information supplied with on this report is true and accurate and oillity company or the procedure or trusted URE:	that my signature shall have a empowered to execute this	the same report as I	legal effect as if n required by Chap	nade under oat der 608, Florida	Florida Statutes. I in that I am a manal Statutes.	ging member or mana	ager of the